PATENT	APPLICATION	FEE DETERMIN	NATION RECORD
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Application or I	Docket Numbe
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CLAIMS AS FILED - PART COlumn 1)		Effective December 8, 2004						K	KICE-039				
BASIC FEE SAMLENT: = \$ 150								SMALL ENTITY					
EXAMINATION FEE Salisfies PCT Article 33(1)	U.	S. NATIONAL					1	RATE	FEE	7	RATE	FEE	
EXAMINATION FEE	BASIC FEE			SMALL	SMALL ENT. = \$ 150		LARGE ENT. = \$ 300		BASIC FEE	150	OR	BASIC FEE	
SEARCH FEE	EXAMINATION FEE]	EXAM. FEE	100	1	EXAM. FEE	
TOTAL CHARGEABLE CLAIMS	SEARCH FEE			ALL other	ALL other countries =				SEARCH FEE	200		SEARCH FEE	
MULTIPLE DEPENDENT CLAIMS	FE	E FOR EXTRA	SPEC. PGS.	15	/5 minus 100 =		/ 50 =		X \$ 125 =	<u> </u>		X \$ 250 =	.
### ### ##############################	то	TAL CHARGE	ABLE CLAIMS	20	20 minus 20 = .				X \$ 25 =		OR	X \$ 50 =	
* If the difference in column 1 is less than zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) **CLAIMS AFTER AMENDMENT PREVIOUSLY PAID FOR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM TOTAL ADDIT. FEE (Column 1) (Column 2) (Column 3) **TOTAL PSO OR TOTAL SMALL ENTITY OR SMALL ENTITY O	INC	EPENDENT C	6	minus 3 =	٠ (3		X \$ 100 =	310	OR	X \$ 200 =		
CLAIMS AS AMENDED - PART II	MU								+ \$ 180 =		OR	+ \$ 360 =	
Column 1)	- 11	If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL	750	OR	TOTAL	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		 	(Column 1) CLAIMS REMAINING AFTER	Minus	(Colum HIGHE NUMB PREVIOU PAID F	nn 2) ST ER USLY	PRESENT EXTRA		RATE X \$ 25 =	ADDI- TIONAL	OR	RATE X \$ 50 =	
(Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT Total Total Minus Total Minus FEE OR FEE OR FEE OR FEE OR	•	FIRST PRES	ENTATION OF N	ULTIPLE D	EPENDENT C	LAIM			+ \$ 180 =		OR	+ \$ 360 =	
REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR			(Column 1)		(Columr	n 2)	(Column 3)	_			OR		
	윘		REMAINING AFTER		NUMBE PREVIOU	R ISLY			RATE	TIONAL		RATE	ADDI- TIONAL FEE
		Total	*	Minus	**		=	L	X \$ 25 =		OR	X \$ 50 =	
		Independent	*	Minus	***	7	=]		X \$ 100 =		OR	X \$ 200 =	
L L		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L					
TOTAL ADDIT. FEE FEE FEE								1			OR		

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

[&]quot;" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.